

BEST AVAILABLE COPY

CLAIMS ONLY							Application Number <u>10/650 385</u>		Filing Date			
							Applicant(s)					
* May be used for additional claims or amendments												
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT							
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	/	/					51					
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48		/					98					
49		/					99					
50		/					100					
Total Indep							Total Indep					
Total Depend							Total Depend					
Total Claims							Total Claims					